

CLAIMS ONLY						Application Number 10/664960		Filing Date		
						Applicant(s)				
<div style="text-align: center;"> <p>08-29-05</p> <p>9/21/05</p> </div>						<div style="text-align: center;"> <p>9/21/05</p> </div>				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend				
1							61			
2							62			
3							63			
4							64			
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37							97			
38							98			
39							99			
40							100			
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42										
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45										
46										
47										
48										
49										
50										
Total Indep			3		3		Total Indep			
Total Depend			15		15		Total Depend			
Total Claims			18		18		Total Claims			